



E000764

TELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW/PHS/HSMHA/REGIONAL MEDICAL PROGRAM SERVICE		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 75-30321 23.6J		DATE PREPARED 4/3/73	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME Mrs. Sarah J. Silsbee (Writer)		PHONE NUMBER X31580	

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing, and all capital letters)

TO:

ROBERT L. TUPPER, M.D.
EXECUTIVE DIRECTOR
MICHIGAN ASSOCIATION FOR
REGIONAL MEDICAL PROGRAMS
1111 MICHIGAN AVENUE, SUITE 200
EAST LANSING, MICHIGAN 48823

MAURICE C. RYAN
PROGRAM DIRECTOR, RMP
DHEW REGION V
300 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW
BY RMPs OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE
MICHIGAN REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS
FOLLOWS:

1. THE TERMINATION DATE FOR THE MICHIGAN REGIONAL MEDICAL
PROGRAM IS FEBRUARY 14, 1974. THIS IS THE DATE BEYOND
WHICH NO RMPs GRANT FUNDS MAY BE EXPENDED.
2. THE APPROVED DIRECT COST IS NOW \$1,233,569 PLUS
APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE
ISSUED FOR THE NEW APPROVED BUDGET PERIOD JANUARY 1, 1973-
THROUGH FEBRUARY 14, 1974.

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TO:

3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

NUMBER	TITLE
042	MODEL BURN CARE
015	OSTEOPATHIC SUBREGIONAL OFFICES
030	SOUTHEAST MICHIGAN REGIONAL CANCER PROGRAM
D010	EMERGENCY MEDICAL SERVICES
D011	CANCER COLON
D012	EMS SUBSYSTEM

ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30.

4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.

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PHIC MESSAGE

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TO:

5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS BY FEBRUARY 14, 1974.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD NOTICE.

HAROLD MARGULIES, M.D.
DIRECTOR
REGIONAL MEDICAL PROGRAMS SERVICE

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